HAZARDOUS WASTE MANAGEMENT BRANCH

UNIFORM HAZARDOUS WASTE MANIFEST

714-744 P Susail

Sacramento, CA 96814

83202067 Please print or type with ELITE type (12 characters per inchi). STATE ID NUMBER GENERATOR NAME AND MAILING ADDRESS SHILEY INC. 17600 GILLETTE AUE IRVINE CALIF 92714 (718) 250-8385 MANIFEST DOCUMENT NUMBER EPA ID NUMBER TRANSPORTER NO 1 VEH./CONTAINER NO. EPA ID NUMBER OMEGA CHEMICAL CORP 12505 WHITTIER BLUD WHITTIER CAKIF, 90602 (213) 698-099 J. 1412,507 CA10104422145001 TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY EPA ID NUMBER FILLED IN BY GENERATOR AREA CODE/PHONE NUMBER CONTAINER WASTE DISP. UN/NA TOTAL UNIT CONTAINER PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS WT/VOL NUMBER QUANTIT 010m21201 WASTE ACE TONE 1091 4235 1211 ISO PRO P.YL HLCOHOL ONDO CONC. RANGE UNITS COMPONENTS UPPER LOWER , WASTE ACETONE 99 1. WAX ISU PROPYL ALCOHOL SPECIAL HANDLING INSTRUCTIONS 640125 - GOBELES This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA. MO. DAY + RANK PIPPIN Printed or typed full name and signature Check if continuation sheet is used. Number of continuation sheets TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DATE MO. DAY REC'D Printed or typed full name and signature CEPTED TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES DAY DATE MO. REC'D Printed or typed full name and signature ACCEPTED DISCREPANCY INDICATION SPACE FILLED TSDF BE BY Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF most complete waste number.

See instructions.

ERA ID NUMBER DATE RECEIVED & ACCEPTED MO. DAY YR. Printed or typed full name and signature. Sluedington CA 204 224500 TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS